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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/501,215			Filing Date 08 April, 2005			☐ To be Mailed		
	Substitute	e for Form I	PTO-1360		Applicant(s) KAMADA ET AL.						Page 1 of 1		
					* May be used for additional claims or amendm						ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 10/31/2007		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53 54						
4 5							55						
6							56						
7							57						
8					1		58						
9					1		59						
10					1		60						
11 12					1		61 62						
13							63						
14							64						
15							65						
16						1	66						
17						1	67						
18					1	1	68 69						
19 20					1	1	70						
21					1	1	71						
22					-	1	72						
23					1		73						
24						1	74						
25					1		75						
26 27						1	76 77						
28						1	78						
29					1	-	79						
30						1	80						
31					1		81						
32						1	82						
33 34					1	1	83 84						
35						1	85						
36							86						
37							87						
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40							90 91						
41 42							92						
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45							95						
46							96						
47							97						
48 49							98 99						
50							100						
Total					11		Total						
Indep							Indep						
Total						12	Total						
Depend Total					_	3	Depend Total						
Claims					23		Claims						

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